REQUEST FOR LEAVE OF ABSENCE IN TERM TIME

Please read the notes above before completing this form.

NAME	**CLASS/TUTOR GROUP**

NAME OF PARENT/CARER
ADDRESS

DATE OF START OF LEAVE:
DATE OF LAST DAY OF LEAVE:

NAMES OF ADULTS ACCOMPANYING PUPIL(S)	**RELATIONSHIP TO PUPIL(S)**

REASON FOR TAKING LEAVE OF ABSENCE (Please give full details of reasons for making this request for consideration for absence under exceptional circumstances):
Please continue overleaf if necessary

WHEN DID THE PUPIL(S) LAST TAKE LEAVE IN TERM TIME?		
MONTH:	**YEAR:**	**DURATION:**
PURPOSE:		

Signed: …… **Parent/Carer**

Date: ……